

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5818AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2012
NAME OF PROVIDER OR SUPPLIER AMEERY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 333 PRINCE GEORGE RD LAS VEGAS, NV 89183		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility 3/13/12 through 3/29/12. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. Complaint #NV00030981 was not substantiated. The allegation the facility failed to provide a safe environment was not substantiated through interview and document review of a facility incident report. #NV00030981: The complaint investigative process was intimated by the Bureau of Health Care Quality and Compliance on 3/13/12. The investigation for the allegation the facility failed to provide a safe environment included: - Interview was conducted with the facility Administrator and Caregiver #1 who stated that Resident #1 was admitted to the facility on 3/1/12 at approximately 2:30 PM. The resident was at the facility for approximately 15 minutes and went out to the back yard, dragged a small table to the corner of the yard, and climbed over the wall. The remaining residents were being cared for by	Y 000		

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CARSON CITY NV

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

E13P11

If continuation sheet 1 of 2

Bureau of Health Care Quality and Compliance

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Y 000	<p>Continued From page 1</p> <p>two other caregivers , so the Caregiver #1 went out to look for the resident. The caregiver stated he walked for a couple of minutes and found the resident one block away at a neighbor's house. The neighbor's garage was open and the resident wandered into the garage and was talking to the neighbors. The resident did not want to return to the facility, so the caregiver called the facility Owner, and asked that he come to the neighbors house and help return the resident to the facility. The facility Owner arrived at the neighbors house and could not convince the resident to return to the facility. The neighbor called the police, and the police arrived about 30 minutes later. The police convinced the resident to return to the facility and brought the resident back to the facility at 3:45 PM.</p> <p>- According to interview with the facility Administrator two weeks following the elopement, Resident #1 had acclimated himself to the facility and had not displayed elopement behaviors.</p> <p>- Interview was conducted with a representative with Las Vegas Metropolitan Police Department, who stated that no report was taken by the police. The police offered the resident a courtesy ride back to the facility the day of the incident.</p> <p>- The facility Administrator submitted an incident report documenting the elopement of Resident #1.</p> <p>Facility staff acted accordingly following the elopement of Resident #1.</p>		Y 000		

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